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BOROUGH OF WILTON

*Annual Report of the
Medical Officer of Health
for the year 1964*

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

To the Mayor, Aldermen and Councillors of the Borough of Wilton

I have the honour to present the Annual Report of the Medical Officer of Health, incorporating the report of the Public Health Inspector, for the year 1964. The report follows the lines suggested in the Ministry of Health Circular No. 1-1965 on the scope of Annual Reports of Medical Officers of Health.

Sections 5 (3) and 15 (5) of the Public Health Officers Regulations, 1959, are referred to in this circular, which sections draw attention to the provision in the Regulations for the M.O.H. to comment on any matter which he thinks desirable in relation to the public health in his area, in addition to anything on which he is specifically required to report. For the first time, however, the Minister has asked for specific information about the fluoride content of local water supplies to be included in the Annual Report.

I wish to record my appreciation of the kindly assistance and co-operation of the staff of the Municipal Offices and of other colleagues, and particularly that of Mr. W. E. Ramm, Public Health Inspector (who is also Borough Surveyor), and of my colleagues the General Medical Practitioners, and Health Visitors, in Wilton, and of Dr. Peter Wormald, Director of the Salisbury Public Health Laboratory.

I have the honour to be,

Your obedient Servant,

F. JOHN G. LISHMAN,

13th May, 1965.

Medical Officer of Health.

INTRODUCTORY SUMMARY

Attention is drawn to the following sections of the Report.

A. In the Vital Statistics Section.

- (1) A substantial decrease in the death rate from 10·7 last year to 8·6 (standardised) in the Borough.
- (2) The Infant Mortality Rate (deaths per 1,000 live births) is about average at 23·8 (41 last year), again illustrating the big element of chance which applies to such rates when the numbers concerned (e.g. the number of live births) are small, and each death makes a very big increase in the Infant Mortality Rate per 1,000 live births.
- (3) The "nil" Maternal Mortality Rate, as was the case last year.
- (4) The "nil" Tuberculosis Mortality Rate, again as last year.
- (5) A big decrease in the Cancer death rate from 2·0 to 0·8 per 1,000.

B. In the Communicable Disease Section.

- (1) The fortunate position of the Borough concerning notified communicable disease, only one case of tuberculosis being notified during the year, and three of measles.
- (2) The continued need for diphtheria, tetanus, whooping cough and poliomyelitis immunisation of children. Small pox immunisation is now, however, considered best delayed to 15-18 months of age.

C. Environmental Public Health and Food Hygiene.

- (1) As for many years, the satisfactory quality of the Borough's water supply, except for the low fluoride content. The desirability of enriching this fluoride content, as now (rather softly), as from 5/8/65 Strongly (Circular 15/65) encouraged by the Ministry of Health, but not yet authorised by the "Local Health Authority," (Wiltshire County Council).
- (2) The continued need for more housing accommodation, as is also the case in the surrounding Rural District. At the end of the year there was still a waiting list of 81 for Council Houses. The difficulty of providing this accommodation at present costs, at rents which workers at local rates of pay can afford ; also without further serious encroachment upon agricultural land unless by multi-storey blocks of flats.
- (3) The need for still more publicity and "Health Education" concerning the public health demerits of heavy smoking, and to counter the great onslaught which is still being launched by Tobacco advertisers, both because of the financial effect of the habit and the greater risk of stimulating bronchitis and the growth of lung cancer. As in the case of fluoride enrichment of weak water supplies, a stronger lead from Central Government would be appreciated.



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STAFF OF THE PUBLIC HEALTH DEPARTMENT

Medical Officer of Health	F. John G. Lishman, M.D. (Hygiene), B.S. (London), D.P.H. (London), L.R.C.P., M.R.C.S., D.L.O. (England), L.M.C.C. (Canada). Office address : 26 Endless St., Salisbury. (Telephone : Salisbury 5201.) Residence : Till Orchard, Berwick-St.-James. (Telephone : Stapleford 269.)
Public Health Inspector ...	W. E. Ramm, M.R.S.A., M.P.H.A. (also Borough Surveyor).
Clerks (Wilton Office) ...	Mr. Malcolm Penn. (Salisbury Office, M.O.H.) Mrs. J. Lucas.

The Medical Officer of Health also holds the appointments of Medical Officer of Health for Salisbury and Wilton Rural District and Mere and Tisbury Rural District. Under joint arrangements he also acts as Assistant County Medical Officer of Health for the Wiltshire County Council. (A little under one eleventh of the salary for the joint appointment is allocated to the Borough of Wilton).

GENERAL STATISTICS

Area of Borough, in acres : 2,681.

Population—1961 Census : 3,404 (Males 1661, Females 1,743).

Population—Registrar General's Estimate for midyear : 3,950.

Density of Population—people per acre : 1.5.

Number of inhabited houses or flats : 1085.

Number of Council houses or flats at the end of the year : 320.

Number built during the year : 12.

Number of applications for Council Houses still standing at end of year : 81.

Rateable Value : £149,360.

Product of a Penny Rate : £600.

Principal Industries : Carpet Weaving, Felt Manufacture, Agricultural and other Engineering, Military Activities.

GENERAL ADMINISTRATION DURING THE YEAR.

There has been no change in the administration of the Public Health Department during the year. However, I wish to comment on the observations and recommendations of Mr. W. E. Ramm, who holds the joint appointment of Surveyor and Public Health Inspector in this Borough. Under the heading of "Administration" on pages

8 and 9 of the Surveyor's part of Mr. Ramm's double report (only the Public Health Inspector's part of which is printed in my Report) Mr. Ramm shows that there is now insufficient time for one man to do the double work properly, with special reference to the Public Health aspects.

Mr. Ramm refers to my 1961 report in which I recommended a greater allocation of time to Public Health Inspection, namely 60% of the time of a wholetime officer. It is certain that much less than this is, or can be, devoted to Public Health work by a combined Surveyor and Public Health Inspector singlehanded. At the time, the Committee of Chairmen who studied my 1961 report, made no recommendation on it to the Council. Now, as Mr. Ramm in his report (as Borough Surveyor) for 1964 outpoints, the work of Public Health Inspector has greatly increased with the operation of the Offices, Shops and Railway Premises Act, 1963, also with recent increased developments under Housing Acts, which increases will more than compensate for some relief, in 1966, due to the responsibility for the Engineering (but not the public health) aspects of the Council's Waterworks Scheme, passing from the Borough to the new Water Board for South East Wiltshire. Therefore I feel that Mr. Ramm is right in estimating the needs, for adequate Public Health Inspection of the Borough, at a full unit instead of 60% of the time of a joint Public Health Inspector and Surveyor which I advised in 1961, and I hope the Council will agree to the appointment of the additional junior officer which Mr. Ramm has requested.

VITAL STATISTICS

TABLE I. BIRTHS, INFANT MORTALITY AND MATERNAL MORTALITY.

					Male	Female	Total
Live Births	Legitimate	..	..	..	32	50	82
	Illegitimate	..	..	..	1	1	2
Total					33	51	84
Illegitimate Live Births per cent of total live births					..	..	2.4
Crude Live Birth Rate per 1,000 population					..	..	21.2
Comparability Factor for Births					..	..	0.98
*Standardized Live Birth Rate					..	..	21.2
					Male	Female	Total
Still Births	Legitimate	..	..	..	0	1	1
	Illegitimate	..	..	..	0	0	0
Total					0	1	1
Total Live and Still-births					33	52	85
Still Births, rate per 1,000 live and still-births					0	0	11.7
					Male	Female	Total
Infant Deaths—	Legitimate	..	..	..	1	1	2
	Illegitimate	..	..	..	0	0	0
Total					1	1	2

*The Standardized Rate is the Crude Rate multiplied by the Comparability Factor, which is calculated by the Registrar General to enable populations of differing age and sex constitution to have their various "rates" compared on an equivalent basis.

Infant Mortality Rate per 1,000 live births—					23·8
*Legitimate					0·0
†Illegitimate					23·8
Total					20·8
For comparison—Infant Mortality Rate, Wiltshire (previous year) ..					20·0
Infant Mortality Rate, England and Wales (previous year)					
Neo-Natal Deaths under four weeks old —Legitimate					2
(first four weeks) Illegitimate ..					0
Total					2
Neo-Natal mortality rate (per 1,000 live births)—Legitimate					23·3
Illegitimate					0·0
Total					23·3
Early Neo-Natal Deaths (under one week)—Legitimate					2
Illegitimate					0
Total					2
Early Neo-Natal Mortality Rate(per 1000 live births)Legitimate					23·8
Illegitimate					0·0
Total					23·8
Peri-Natal Mortality—Deaths (still births plus early neo-					
natal deaths) Legitimate					4
Illegitimate					0
Total					4
Peri-Natal Mortality Rate (per 1,000 live and still births) ..					46
Maternal deaths (including abortion)					0
Maternal mortality rate per 1,000 live and still-births..					0

This table includes two "Specific Mortality Rates" (the I.M.R. and the N.N.M.R.) which are generally considered to be important inverse Public Health indices.

Comment on Table I.

The following series shows just how erratic the I.M.R. can be in Wilton over a period of years :—

1953— 0	1956— 0	1959— 0	1962—31·2
1954— 83·3	1957— 0	1960— 0	1963—41·6
1955— 24·4	1958—17·6	1961—31·8	1964—23·3

As pointed out in previous reports, with such a small population and small number of births, each infant death that occurs causes a disproportionately large increase in the annual Infant Mortality Rate, when computed on the basis of 1,000 live births, so big annual fluctuations must always be expected in a Borough of this size.

TABLE II. DEATHS AND DEATH RATES

	Male	Female	Total
Number of Deaths	15	12	27
Crude Death Rate, per 1,000 population			6·8
Registrar General's Comparability Factor for deaths ..			1·26
(This indicates that the age distribution of the population is slightly younger than that for England and Wales.			
A change occurred in 1958. Formerly the age			

distribution of the Borough was just on the “elderly” side of the average, as is indicated by the then C.F. of 0.98. For 1964 it has become well on the young side).

Death Rate as standardized by Comparability Factor	8.6
Previous year's Death Rate for Wiltshire County (previous year)	11.5
Death Rate for England and Wales for comparison	11.3

Comment : The “standardized” death rate for the Borough shows a fall. This change while less “chancy” than is the case with the wildly fluctuating I.M.R. must nevertheless be regarded in relation to the relatively small population and number of deaths.

Natural Increase

Increase of live births over deaths during the year	.. .. .	57
Rate of Natural Increase per 1,000 population	.. .. .	14.5

This is a most alarming statistics, and forecasts a greater housing problem than ever for the Borough.

Footnote. *Legitimate I.M.R. = $\frac{\text{Legitimate deaths under one year}}{\text{Legitimate live births}} \times 1000$

†Illegitimate I.M.R. = $\frac{\text{Illegitimate deaths under one year}}{\text{Illegitimate live births}} \times 1000$

TABLE III. CERTAIN OTHER “SPECIFIC” DEATH RATES OF INVERSE “HEALTH INDEX” INTEREST

(Rates per 1,000 population, except for Maternal Mortality Rate).

(1) Deaths due to tuberculosis (all forms) (both sexes)	.. .. .	0
Tuberculosis Death Rate	.. .. .	0
For comparison—Wiltshire (previous year)	.. .. .	0.045
(2) Deaths from Cancer and related malignant diseases	.. .. .	3
Cancer Death Rate	.. .. .	0.7
Death from Lung Cancer	.. .. .	0
Lung Cancer Death Rate	.. .. .	0
(3) Deaths from Heart Disease and other diseases of the circulatory system	.. .. .	17
Specific death rate from circulatory system diseases	.. .. .	4.3
(4) Maternal Mortality Rate	.. .. .	0
(5) Deaths from Suicide	.. .. .	0
Suicide Death Rate	.. .. .	0
(6) Deaths from Motor Vehicle Accidents	.. .. .	0
Death Rate	.. .. .	0

COMMENT ON TABLE III.

These index rates must be regarded as satisfactory, despite the small population figures from which they are calculated. The rate for “heart disease and other diseases of the circulatory system” continued to be the major contributor, and remains about half the total (standardized) rate.

TABLE IV. ANALYSIS OF CAUSES OF DEATH

Group A—Certain Communicable Diseases					Male	Female	Total	Rate per 1,000
1.	Tuberculosis—Respiratory	..	..	..	0	0	0	0
2.	Tuberculosis—Other	..	..	..	0	0	0	0
3.	Syphilitic Disease	..	..	..	0	0	0	0
4.	Diphtheria	..	..	..	0	0	0	0
5.	Whooping Cough	..	..	..	0	0	0	0
6.	Meningococcal Infections	..	..	..	0	0	0	0
7.	Poliomyelitis	..	..	..	0	0	0	0
8.	Measles	..	..	..	0	0	0	0
9.	Other Infectious and Parasitic Diseases (Except Influenza and Pneumonia)	..	..	..	0	0	0	0
Total Group A					0	0	0	0
Group B—Cancer and related malignant diseases					Male	Female	Total	Rate per 1,000
10.	Malignant Neoplasm—Stomach	..	..	..	1	0	1	0·3
11.	—Lung or Bronchus	..	..	..	0	0	0	0
12.	—Breast	..	..	..	0	0	0	0
13.	—Uterus	..	..	..	0	0	0	0
14.	Other Malignant or Lymphatic Neoplasm	..	..	..	1	1	2	0·5
15.	Leukaemia or Aluekaemia	..	..	..	0	0	0	0
Total Group B					2	1	3	0·8
Group C—16 Diabetes					0	0	0	0·0
Group D—Heart and other Diseases of Circulatory System.								
17.	Vascular Lesions of Nervous System	..	..	..	2	3	5	1·3
18.	Coronary Disease or Angina	..	..	..	6	2	8	2·3
19.	Hypertension with Heart Disease	..	..	..	0	0	0	0
20.	Other Heart Diseases	..	..	..	1	1	2	0·5
21.	Other Circulatory Diseases	..	..	..	1	2	3	0·7
Total Group D					10	8	18	4·3
Group E—Respiratory Diseases (other than tuberculosis)								
22.	Influenza	..	..	..	0	0	0	0
23.	Pneumonia	..	..	..	0	0	0	0
24.	Bronchitis	..	..	..	0	0	0	0
25.	Other Diseases of Respiratory System	..	..	..	0	0	0	0
Total Group E					0	0	0	0

Group F—(Miscellaneous)

26. Ulcer of Stomach and Duodenum	..	..	0	0	0	
27. Gastritis, Enteritis and Diarrhoea	..	..	0	0	0	
28. Nephritis and Nephrosis	..	..	0	0	0	
29. Hyperplasia of prostate	..	..	0	0	0	
30. Pregnancy, Childbirth, Abortion	..	..	0	0	0	
31. Congenital Malformation	..	..	1	0	1	
32. Other Defined and Ill-Defined Diseases	..		2	2	4	1.0
Total Group F			3	2	5	1.0

Group G—Accidents and Violence			Male	Female	Total	Rate per 1000
33. Motor Vehicle Accidents	..	..	0	0	0	0
34. All other Accidents	..	..	0	1	1	
35. Suicide	..	..	0	0	0	
36. Homicide and operations of War	..	..	0	0	0	
Total Group G			0	1	1	0.3
37. All Causes	.	..	15	12	27	6.8

Comment : As usual, diseases of the Heart and Circulatory System are the chief cause of endemic mortality in the Borough — the specific mortality rate for these conditions at 4.3 per 1,000 being well over half of the total mortality rate of 6.8 (crude) Cancer, at about a ninth (0.8 per 1,000) is second (much less than last year).

It must now be appreciated that, as a cause of endemic and epidemic disease, degeneration of the heart, lungs and cancerous diseases have replaced the old idea of “infectious diseases” as prime epidemic culprits. Public Health workers have now to tackle this great trio of killers with the same energy as they have dealt with the now weakening group of “communicable” diseases. The effort to persuade people to reduce tobacco smoking is one example of modern epidemiology in the public health service. Prevention of ischaemic (e.g. “coronary”) cardiac disease, by avoiding obesity, taking more exercise, cutting down on animal fatty food, and avoiding smoking is another.

TOBACCO SMOKING AS A CAUSE OF BRONCHITIS, LUNG CANCER AND HEART DISEASE.

In my annual report for 1963 I commented fully on this subject, referring to the 1962 publication “Smoking and Health” by the Royal College of Physicians, London, and the even more thorough 1963 report on “Smoking and Health”, by the United States Department of Health (Surgeon General’s Advisory Committee). This latter report deals, more than does the former, with the bad effects of cigarette smoking on the lungs and heart in ways additional to sowing the seeds of lung cancer, especially by way of bronchitis and coronary heart disease. During 1964 those pioneer research workers into the effects of tobacco on health, Doctor Richard Doll and Sir Austin Bradford Hill, extended our field of knowledge in this subject by demonstrating for the first time in a significantly large-sample, that *inhaling* cigarette smoke did, (as one would normally expect, but had hitherto not been proven), make cigarette smoking more dangerous in provoking lung cancer.

During the year, in my other capacity as part-time school Medical Officer to the County Council, I continued to give talks to secondary, and even primary school children on tobacco smoking, illustrated by the excellent "flannelgraph" visual aid devised by Dr. D. M. Blomfield of Great Cheverell. These talks, at which questions and discussion by the pupils are encouraged, are I am sure appreciated and helpful, but they need to be done more frequently, with repetition and re-inforced with much more propaganda on a national scale, by posters, press and television advertisements of the dangers, combined with restriction of advertising of cigarettes. At the time of writing this report the Government had just decided to ban this advertising, but only on television.

The B.B.C. and I.T.A. could be much more helpful however, if they would discourage people being interviewed on television, or actors in plays satires and other entertainments, from being seen smoking a cigarette. Indeed if these people realised how silly they look "lighting up" or toying with their little comforters, if later they see themselves on the screen, one would imagine that they would in future control themselves and keep their bad habit out of sight.

The investigation of the smoking habits of people, resident in my (triple) area as M.O.H. who have died from lung cancer, coronary heart disease and stomach cancer, which I began in 1956, has been continued. To date (Feb. 1965) approximately 114 lung cancer, 130 coronary disease and 21 stomach cancer cases have been investigated. The accurate analysis of these findings must wait until more cases have been investigated, to reduce the element of chance to an insignificant level, but the strong impression so far gained is that those that died from coronary heart disease or from stomach cancer, had much less history of heavy smoking than those that died of lung cancer.

COMMUNICABLE DISEASES.

A. Prevention of Communicable Diseases.

The measure of the extent to which people are immunised against communicable diseases in a district is becoming one of the "pointers" towards health of the community. "Artificial" immunisation against certain diseases amenable to prevention or attenuation by this method is now available for a number of communicable diseases. The longest established and, so far, most proven successful and lasting, artificial immunisations are those against small pox and diphtheria. For Wiltshire, the Wiltshire County Council, as Local Health Authority under the National Health Service, operates in this district a scheme, mainly for babies, pre-school and school children, but available also for other ages. Smallpox immunisations are done by the "Family Doctors" under the National Health Service, for the County Council, Diphtheria, Tetanus, Whooping Cough and Poliomyelitis immunisations either by the "Family Doctors" or by the County Council's Medical Officers at Child Health Clinics or at specially held immunisation clinics, usually arranged at schools. Partial protection against Tuberculosis is available for older Tuberculin negative school children through the County Medical Officer, and to selected other cases (usually contacts of cases of Tuberculosis) by N.H.S. Chest Physicians. In this area all the immunisations (excepting for Poliomyelitis) are still carried out by Doctors, the practice of employing public health nurses (health visitors or especially experienced nurses) in this work not yet having been adopted. Poliomyelitis immunisation continued on an increasing scale. Facilities for this are now available for all up to 40 years old and for pregnant women of any age. "Oral" poliomyelitis vaccine, introduced in 1962, is now universally used in preference to parenteral vaccine, and this may be administered by health visitors as well as by doctors.

Again this year I am omitting the tables of immunisations actually carried out. On the one hand, it is becoming rare for any Borough children not to receive full courses of immunisation, and on the other, waiting for the figures kindly supplied annually by the County M.O.H., Dr. C. D. L. Lycett, delays the preparation and publication of this Annual Report to a degree which I do not think justifies waiting for the statistics.

B. Incidence of Communicable Diseases.

The communicable diseases for which statistics are available comprise those diseases which are compulsorily “notifiable”, under the Public Health Act, 1936, or the various Regulations which are operative. A proportion of these notifiable diseases does not get notified because although legally the head of the family is responsible for notifying the Medical Officer of Health, in practice notification is rarely made unless a doctor attends, and he then makes the notification.

The incidence of notifiable communicable diseases in the Borough during the year is shown in Table VI.

The layout of this table, in extended form, is designed to co-ordinate with that for the tables for the Salisbury and Wilton Rural District and the Mere and Tisbury Rural District, for which I am also Medical Officer of Health. This facilitates record keeping from year to year.

TABLE VI. NOTIFIABLE DISEASES NOTIFIED DURING THE YEAR

	(sub)	(main disease)	Group Total
1. Tuberculosis			
(a) Respiratory	0		
(b) Meninges and nervous system	0		
(c) Other Forms	1		
(d) Total		0	1
2. Other Respiratory Notifiable Diseases			
(a) Whooping Cough		0	
(b) Pneumonia, Acute		0	
(c) Group Total			0
3. Diphtheria	0	0	0
4. Meningococcal Infection	0	0	0
5. Virus Diseases of Nervous System			
(a) Poliomyelitis—Paralytic	0		
(b) Poliomyelitis—Non Paralytic	0		
(c) Total	0	0	
(d) Encephalitis—Infective	0		
(e) —(Post Infectious)	0		
(f) Total		0	
(g) Group Total.. .. .			0

6. Other Notifiable Virus Diseases

(a) Measles (excluding Rubella)	..	..	..	3	
(b) Small Pox .. .. .	..	..	..	0	
(c) Group Total.. .. .	..	..	..		3

7. Alimentary Infections or Poisons

(a) Dysentery—Bacterial	..	..	..	0	
(b) —Other .. .. .	..	..	..	0	
(c) Total .. .. .	..	..	..	0	
(d) Typhoid Fever .. .. .	..	..	..	0	
(e) Paratyphoid Fever .. .. .	..	..	..	0	
(f) Food Poisoning (see Table VIa) .. .. .	..	..	..	0	
(g) Group Total.. .. .	..	..	..		0

8. Streptococcal Group

(a) Scarlet Fever .. .. .	..	..	..	0	
(b) Erysipelas .. .. .	..	..	..	0	
(c) Group Total.. .. .	..	..	..		0

9. Miscellaneous Groups

(a) Puerperal Pyrexia .. .. .	..	..	..	0	
(b) Ophthalmia Neonatorum .. .. .	..	..	..	0	
(c) Other Notifiable Diseases	0	
(d) Group Total..		0

10. All "Notifiable Diseases" Total					<u>4</u>
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Tuberculosis.

At the end of 1963 a thorough reappraisal of the extent of known tuberculosis within my area of Wiltshire as Medical Officer of Health was made. The health status of every patient on my register for whom no recent information had been received was ascertained from the appropriate "Chest Physician." The result of this reappraisal brought up to date for 1964, is that for the Borough of Wilton, 16 known cases of tuberculosis remain on the register, eleven being lung and five non-pulmonary cases, a total increase of four cases during the year.

These, however, are nearly all old long standing cases, or imports from elsewhere, where they were previously notified, and during 1964 there was only one new notification for Wilton Borough, and that not a "lung case."

Footnote — It is important to note that certain common communicable diseases such as influenza and mumps are not generally "Notifiable" and therefore cannot be included in this table, in which are recorded only those cases of diseases which are notifiable and are actually notified. Also, not all cases of notifiable diseases can be included, for many minor cases may never have a doctor called to them and therefore do not get notified to the Medical Officer of Health. It is likely that a number of mild cases of pneumonia, or of whooping cough, for example, may occur but not be notified.

TABLE VIA—FOOD POISONING.

This table is omitted for 1964, as it was for 1963, as there were no cases of food poisoning notified or otherwise discovered. Nor were there any other cases of Salmonella Infections (not food borne) notified or discovered.

PERSONAL HEALTH SERVICES

Apart from the general medical, dental, specialist and hospital services of the National Health Service, the other "personal" health services for the Borough are operated by the Wiltshire County Council. Among these are the Health Visiting Service, Midwifery Service, Home Nursing Service, Home Help Service, Ambulance Service, the Child Health Clinics and the School Health Service with its specialised appendages such as Dental Service, Speech Therapy and Guidance Clinics. The County Council are also responsible for the Mental Health Service (outside hospitals) and the "Care and after-care" service, which is largely concerned with tuberculous people, their families and other contacts.

Your Medical Officer of Health spends nearly half his time working also for the County Council, principally with the School Health Service, also at the Child Health Clinics (including those in Wilton and Stoford), at Immunisation Clinics, and examining handicapped children and mental health patients in their homes. The Wilton Child Health Clinic is still conducted in the Town Hall, with the M.O.H. and Wilton Health Visitor in attendance, assisted by one from Salisbury, plus the very kind help of a number of voluntary workers of whom Mrs. G. L. Lush, Mrs. Sharman and Mrs. Skene are very regularly present. Without their help it would be impossible for only two health visitors to control this busy clinic.

The second health visitor was provided by the County Health Department during the year in response to my request last year.

For further information in regard to these services reference should be made to the Annual Reports of the Principal School Medical Officer and of the County Medical Officer of Health for Wiltshire.

HANDICAPPED CHILDREN

The care, and special educational needs, of handicapped children also come under the School Health Service, and your Medical Officer of Health, acting for the Wiltshire County Council, examines and advises on such children, of which mentally handicapped ones are much the most numerous.

SCHOOL PREMISES

The hygiene of School Premises, as of most other buildings, concerns the Local Sanitary Authority, as well as the Education Authority, and school premises are inspected by your Medical Officer of Health in his capacity as such, and also as School Medical Officer.

For the first few years, however, a woman Medical Officer, Dr. Elizabeth Heathcote, has been responsible for the medical examinations of children. There have been great extensions and improvements to the Secondary Modern School, but further extensions, or a new school, are needed for the overcrowded primary school.

HANDICAPPED ADULTS AND OLD PEOPLE.

The care of handicapped adults, including the blind and deaf, and of old people, also comes under the County Council Services. But the Local Authority has also powers (under the National Assistance Act, 1948, and the National Assistance Amendment Act,

1951) concerning old people needing care and attention, and either chronically ill or living in insanitary conditions. Removal to an Institution can be enforced under an order of a Court, or of a single Justice. The Medical Officer of Health sees such cases, but, in the Borough, no such cases came to my attention during the year.

Environmental Public Health, and Food.

As stated in all previous reports this is probably the most important of the various factors which influence public health.

Human health is still greatly influenced by the environment, and the extent to which man can adapt this to suit his needs. Health is also largely dependent upon the quantity and quality of food supplies. Fundamental to good health are such influences as housing, quality of water supply, (which should include the necessary mineral impurities required for providing health), safe and not wasteful disposal of human body wastes (drainage sewerage etc.), refuse collection and disposal, control of flies, vermin and other insects, rodents and other pests, quantity, quality and freedom from adulteration or infection of food supplies, including milk, and such universal and basic foods as bread and meat. Food hygiene concerns not only the home but also places where food and drink are prepared and/or consumed outside, including school and other canteens, and public restaurants, hotels and public houses.

These matters are reported upon in detail in the report of your Public Health Inspector Mr. W. E. Ramm, which is incorporated in this Annual Report. Comments on the following matters are however made in this section of the Report.

A. Housing

My observations made in previous Reports concerning the grave adverse effect of bad housing, or lack of housing, upon mental and physical health have not altered and need not be repeated. The extent of the housing problem cannot be measured only by the size of the local Authority's waiting list of applicants for Council Houses or flats. Not all people living in unsuitable "accommodation" apply for Council Houses. But in December there were 81 applications on the waiting list of applicants who either live in Wilton (53) or work or have other close connections with the Borough (28). This total of 81 does not include applicants who have no connections with the Borough, hence is not comparable with the figure of 152 given in my 1963 report, which did include such applicants.

The Council have continued making Discretionary "Improvement Grants" for the improvement of sub-standard houses, under the Housing Act, 1949, and the Housing (Financial Provisions) Act, 1959. Three applications for a Discretionary "Improvement Grant" were received, two of which were approved. This should be a valuable method of preventing the loss of saveable property through slum clearance, and saves some expense in the provision of new Council Houses or Apartments. In addition applications for five "Standard" Grants for lesser improvements (but including such important items as Bathrooms and Food Stores) were made during the year, and all five were approved.

In my Report of 1956 I wrote emphatically advocating the policy of "building upwards" in tall many-storey blocks of flats, high enough to justify the cost of mechanical elevators. Such buildings can be beautiful. If well designed they can be better to look at than a motley collection of small houses, and they reach up to the sun, fresh air, and to a view. Providing adequate and safe playing facilities are available for small children, where they can be supervised, I have no reason to amend the opinion voiced in 1956.

B. Water Supply

The Borough's water supply, from the prolific well source at Water Ditchampton and borehole at Bulbridge, has been of consistantly good quality, except for low fluoride content, and during the year was only given minimum chlorination. For the first time the Ministry of Health has requested in its Circular about Medical Officer of Health Annual Reports, specific details about the fluoride content of public water supplies.

The fluoride content of the Wilton water, because of its importance as a means of strengthening young growing teeth against the onslaught of dental decay, both in early and later life, has been studied, and the water is sampled for fluoride analysis periodically. Unfortunately the fluoride content of both waters is usually only about 0.1 parts per million, about one-tenth of the desirable amount. In 1961 I considered that the time had come when I should advise the Council to consider enriching the water by adding some fluoride salt to the waters at their sources before distribution for drinking, but on the Council seeking the comments of the Ministry, the Council decided to defer further consideration until a more positive lead is given by the Central Government. This has now been given, but the imminence of the Borough's water works being merged into a large Regional undertaking, under a Water Board, may delay implementation of the fluoridation policy until the new Authority is settled and has begun work. Also, by the end of the year, the Wiltshire County Council had not come to any decision on Fluoridation. As Local Health Authority, the W.C.C. must approve the policy and be prepared to finance the small cost of fluoridation schemes for all Water Authorities operating in the County before these can proceed. In his Annual Report for 1963, the County M.O.H. of Wiltshire, Dr. C. D. L. Lycett, expressed regrets that the County Council had not yet made up its mind about this outstandingly important Public Health measure.

C. Sewerage

As reported last year the condition of some of the Borough's old sewers is still poor. Sub-soil water still enters (though in reduced volume) and greatly swells the volume of sewage, causing dismay at the Salisbury City Sewage Works, which receive and treat the sewage. However, the new Salisbury Sewage Disposal Works at Petersfinger began operation in late Autumn, and will be better able to cope with Wilton's very copious weak and watery sewage.

D. Food Hygiene.

Work continues in connection with the Food Hygiene Regulations, 1955, to improve standards of accommodation and equipment, and the conduct of food-handling personnel, in all food premises and food businesses. The Regulations apply to cafes, restaurants, hotels, public houses (even those serving only drinks), nursing homes, hospitals (none in the Borough) and schools serving meals. The Public Health Inspector, overstressed by his duties as Borough Surveyor in a joint appointment, really has not time to pay sufficiently frequent inspections to food premises, only 33 such inspections were made during the year.

E. Offices, Shops and Railway Premises Act, 1963.

This Act came into force during the year, and has hardly got under way yet. Only "Registration" of liable premises was required up till July. However, even allowing for the fact that a fair proportion of small businesses were liable for no more than "Registration," since they had no employees working more than twenty-one hours a week who were not "members of the family," and will not, therefore, require the regular inspections and perhaps actions prescribed by the Act, it is clear that the amount

of work needed to operate this new Act, together with my observations in the sections on Administration, Food Hygiene and Housing, will be too great in 1965 for part of one man whose other, and most demanding, part is Borough Surveyor, to do the work properly.

F. Home Safety and Road Safety.

During the year the Home Safety Committee and Road Safety Committee, which are sub-Committees of the Council's Public Health and General Purposes Committee, continued to do good work, under the Chairmanship of Councillor N. S. Perry. These committees are composed of Representatives from the Council, the Royal Society for the Prevention of Accidents (represented either by Squadron Leader Hessey or Major Thomas), Health Visitors for Wilton and surrounding country, the Police, Public Transport, and delegates from several voluntary agencies, and also the M.O.H.

As the Safety Committees are partially composed of members of voluntary agencies, or of organisations unconnected with or having no obligation to the Council, all of whom give their time and trouble freely and without reward other than the interest of the work, the members of these Associations deserve gratitude and thanks for their work.

G. Noise.

This is not a significant nuisance, from the viewpoint of health, within the Borough, except perhaps for Juke Boxes.

H. Recreation.

The Playing Field Pavilion, completed in 1957, is still much appreciated and should be a great health asset to the Borough. As advised in my report for 1955, a swimming pool would be an asset to health and amenity, and it is hoped that it may be possible to provide one, perhaps by using a stretch of the river Wylfe beside the Playing Field. In hot weather pools and hatch holes in the Rivers Wylfe and Nadder near the Borough are extensively used for bathing. Some of these are quite dangerous to non-swimmers. But it would be a pity to suggest a curtailment of this healthy recreation. Far better to have the children taught to swim properly. However, during the year, a new (open) swimming pool has been built for Wilton Secondary Modern School, and will come into use for the 1965 season.

I. Factories.

**Prescribed Particulars on the Administration of the FACTORIES ACT, 1937
Part 1 of the Act.**

1. INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises	No. on Register	No. of Inspections	No. of Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	1	1	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	21	12	—	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworker's premises) ..	35	35	—	—
Total	57	48	—	—

2. Cases in which DEFECTS were Found

Particulars.	Number of cases in which defects were found				No. of cases in which prosecutions were instituted	
	Found	Remedied	Referred to H.M. Inspector	by H.M. Inspector		
Want of cleanliness (S1) ..	—	—	—	—	—	—
Overcrowding (S2) ..	—	—	—	—	—	—
Inadequate Ventilation (S4)	—	—	—	—	—	—
Ineffective drainage of floors (S6)	—	—	—	—	—	—
Sanitary Conveniences (S7):						
(a) Insufficient ..	2	1	—	—	—	—
(b) Unsuitable or defective	—	—	—	—	—	—
(c) Not separate for sexes	—	—	—	—	—	—
Other offences against the Act	—	—	—	—	—	—
Total	2	1	Nil	Nil	Nil	Nil

OUTWORK.

Part VIII of the Act
(Sections 110 and 111).

Nature of Work	No. of outworkers in August list required by Section 110 (1)(c)(2)	No. of cases of default in sending lists to Council	No. of prosecutions for failure to supply lists	No. of instances of work in un-whole-some premises	Notices served	Prosecutions
(See list below)	—	—	—	—	—	—

Weaving apparel, making, etc., cleaning and washing. Household linen. Lace, lace curtains and nets. Curtains and furniture hangings. Furniture and upholstery. Electro-plate. File making. Brass and brass articles. Fur pulling. Iron and steel cables and chairs. Iron and steel anchors and grapnels. Cart gear. Locks, latches and keys. Umbrellas, etc. Tents sack, artificial flowers. Nets other than wire nets, racquet and tennis balls. Paper bags. The making of boxes or other receptacles or parts thereof made wholly or partially of paper. Brush making. Pea picking. Feather sorting. Carding etc., or buttons etc. Stuffed toys. Basket making. Chocolate and sweetmeats. Cosagues Christmas stockings. Textile weaving.

F. JOHN G. LISHMAN,

May, 1965.

ANNUAL REPORT

of the

PUBLIC HEALTH INSPECTOR

for the year 1964

**ANNUAL REPORT of the PUBLIC HEALTH INSPECTOR
FOR THE YEAR 1964.**

Herewith my Annual Public Health Inspector's Report. I set out below a summary of my activities and the main incidents affecting the Public Health side of my Department.

**1. ACTION TAKEN UNDER ACTS OF PARLIAMENT AND
REGULATIONS, ETC., MADE THEREUNDER.**

(a) Public Health Acts.

Informal Notices served	2
Informal Notices complied with	2
Statutory Notices served	Nil
Statutory Notices complied with	Nil

(b) Housing Acts.

Informal Notices served	Nil
Informal Notices complied with	Nil
Statutory Notices served	Nil
Statutory Notices complied with	Nil

(c) Food and Drugs Acts Regulations.

Informal Notices served	Nil
Informal Notices complied with	Nil

(d) Factories Acts and Regulations.

Informal Notices served	1
Informal Notices complied with	1
Statutory Notices served	Nil
Statutory Notices complied with	Nil

2. WATER UNDERTAKING.

There has been no serious trouble at the pumping stations during the year, but water levels in the wells have been lower than one likes, and with consequent less gallons per hour delivery. The levels have now returned to normal for the year.

A total of 43 water samples was submitted for bacteriological examination during the year. The results have been as follows :—

Satisfactory 42; Unsatisfactory Nil; Suspicious 1.

The Salisbury & Wilton R.D.C. reported suspicious samples from Quidhampton area, but three check samples taken by us were found to be satisfactory on two different occasions.

3. SEWERAGE.

Investigation of the Borough foul sewers has progressed little during the past year, due partially, in the first instance, to my receiving no further approach from the City Engineer, Salisbury, as was expected, and also to the fact that when I made further contact with the City Engineer's Department, they expressed the opinion that it would be preferable to hold off further investigation until their new sewage disposal plant at Peter's Finger was fully operative and taking the Borough sewage, as there was a certain amount of surcharging back into Wilton sewers while the Netherhampton sewage plant was being used. As the Peter's Finger plant is now operating, I expect to be contacting the City Engineer again very soon and making arrangements to renew the investigations.

5. RODENT AND PEST CONTROL.

The work carried out by the Rodent Operator is as follows :—

Survey Only.

Domestic premises	..	612
Business premises	..	40
Farm premises	..	7
Council Properties	..	11

Treatments.		Domestic	Business	Farm	Council
(a) On complaint	..	37	4	Nil	Nil
(b) After survey	..	6	Nil	Nil	1
Total Treatments	..	43	4	Nil	1
Total Visits and Treatments		655	44	7	12

6. FOOD AND FOOD PREMISES.

a. Food condemned during the year :—

6 tins of chopped pork, 2 tins of corned beef, 28 tins of peas, 1 tin of vegetable salad, 5 tins of pork luncheon meat, 1 tin of butter beans, 1 tin of broad beans, 1 tin of beetroot, 3 bottles of orange juice, 3 bottles of tomato juice, 1 tin of pineapple juice, 1 tin of fruit cocktail, 1 tin of creamed rice, 1 tin of stewed steak, 1 tin of luncheon meat, 52 lbs boiled ham.

b. List of Food Premises.

General Stores	..	8	Bakehouses	..	2
Butchers Shops	..	3	Fish and Chip Shops	..	1
Cafes	..	8	Public Houses, Hotels, and Wine		
Greengrocers	..	2	Merchants	..	9
Pharmacies	..	1	Wet Fish Shops	..	1
Wholesale Food Premises	..	1			

7. MILK AND DAIRIES Acts and Regulations.

There are four licences now in existence to sell Tuberculin Tested and Pasteurised Milk ; these expire in 1965, and if relicenced will be for Untreated and Pasteurised Milk.

A total of 44 milk samples were taken during 1964, and none of these failed the statutory test.

8. ICE-CREAM PREMISES.

The number of premises registered for the sale of ice-cream is 12.

9. FACTORIES.

Number of Factories with Power	..	21
Number of Factories without Power	..	2

10. HOUSING.

Existing Dwellings (all types and conditions)

(a)	Total number of permanent dwellings in the Borough	.. ..	1128
(b)	Total number of temporary dwellings in the Borough (i.e. prefabricated dwellings)	.. .. (only three occupied)	10

11. COUNCIL HOUSES.

(a)	Council owned dwellings, permanent and temporary	.. ..	320
(b)	Corporate property dwellings	.. ..	2
(c)	Council dwellings built during 1964	.. ..	12
(d)	Council dwellings under construction at 31st December, 1964	.. ..	20

12. PRIVATE DEVELOPMENT.

(a)	Private dwellings built and completed during 1964	.. ..	14
(b)	Private dwellings under construction at 31st December, 1964	.. ..	20

Of these, 24 of the private dwellings built during 1964 were on the Bulbridge Estate.

13. UNFIT DWELLINGS.

(a)	Number of houses unfit for human habitation within the meaning of Section 4 of the Housing Act, 1957, and requiring action to close or demolish	.. ..	8
(b)	Demolition Orders served in respect of individual houses unfit for human habitation under Section 17 of the Housing Act, 1957	.. ..	Nil
(c)	Closing Orders made in respect of individual houses unfit for human habitation (Section 17 Housing Act, 1959)	.. ..	Nil
(d)	Houses closed as a result of undertakings from owners	.. ..	Nil
(e)	Undertakings to render houses fit accepted from owners	.. ..	Nil
(f)	Number of houses rendered fit after action to close or demolish and undertakings rescinded	.. ..	Nil
(g)	Number of houses included in Clearance Areas for which:—		
	(i) Clearance Orders have been made	.. ..	Nil
	(ii) Clearance Orders still to be made	.. ..	Nil
	(iii) Compulsory Purchase Order made	.. ..	Nil
	(iv) Purchased by agreement	.. ..	Nil
(h)	Number of houses in Clearance Areas patched for temporary accommodation under Section 53, Housing Act, 1957 (Local Authority owned)		Nil
(i)	Number of Houses in Clearance Area licenced for temporary accommodation under Section 53, Housing Act, 1957 (Private owned houses)		Nil
(j)	Number of unfit houses demolished under Section 17 Housing Act, 1957		Nil
(k)	Number of unfit houses demolished under Section 42 Housing Act, 1957		Nil
(l)	Number of temporary dwellings demolished (not included above)	..	Nil

14. IMPROVEMENT GRANTS.

(a) Applications for Standard Grants	..	..	..	..	5
(b) Standard Grants Approved	..	..	..	..	5
(c) Number of dwellings involved in Standard Grants	..	..	..	..	5
(d) Total value of Standard Grants not exceeding	..	..	..	..	£705
(e) Applications for Discretionary Grants	..	..	..	..	3
(f) Discretionary Grants Approved	..	..	..	..	2
(g) Number of dwellings involved in Discretionary Grants	..	..	..	..	3
(h) Total value of Discretionary Grants	..	..	..	..	£761

15. VISITS AND INSPECTIONS MADE DURING 1964.

Highways	..	..	..	..	117	Fairfield	..	..	..	..	14
Petroleum Storage and Installations	..	..	..	..	36	Sewers	..	..	..	..	42
Playing Field	..	..	..	..	32	Infectious Diseases	..	..	..	..	Nil
Council Houses	..	..	..	..	205	Milk	..	..	..	..	44
Building Byelaws and Town Planning	..	..	..	..	449	Water Undertaking	..	..	..	..	28
Recreation Ground	..	..	..	..	43	Factories	..	..	..	..	6
Public Health Acts	..	..	..	..	15	Other Visits	..	..	..	..	80
Pest Control	..	..	..	..	5	Offices, Shops, and Railway Premises	..	..	..	..
Food and Drugs Act	..	..	..	..	33	Acts	..	..	..	..	17
Housing Acts	..	..	..	..	20	Public Conveniences	..	..	..	..	26
Municipal Buildings and Council	..	..	..	..		Schools	..	..	..	..	3
Yard	..	..	..	..	42	Refuse Service	..	..	..	..	3
Cemetery	..	..	..	..	9						

Note : This summary is not specific to the work as Public Health Inspector, but includes work as Borough Surveyor.

W. E. RAMM,
Borough Surveyor and
Public Health Inspector.

